AMENDMENTS TO THE CLAIMS:

This listing of claims will replace all prior versions and listings of claims in the application:

1-59. (Cancelled)

60. (Currently Amended) The method of claim [[59]] 83, wherein positioning the device further includes anchoring another end of the elongate member proximate the annulus of the valve.

61. (Currently Amended) The method of claim [[59]] 83, wherein the at least one elongate member includes a tension member.

62. (Currently Amended) The method of claim [[59]] 83, wherein the at least one elongate member includes a plurality of elongate members.

63. (Cancelled)

64. (Previously Presented) The method of claim 83, wherein the heart structure includes a wall of a heart chamber.

65. (Cancelled)

66. (Previously Presented) The method of claim 83, wherein altering the geometry of the heart structure includes altering at least one of a transverse radial dimension and vertical dimension of a heart chamber during at least a portion of the cardiac cycle.

67. (Previously Presented) The method of claim 66, wherein altering at least one of the transverse radial dimension and vertical dimension includes reducing at least one of the transverse radial dimension and vertical dimension.

68. (Previously Presented) The method of claim 83, wherein positioning the device includes positioning the device so as to alter a position of at least one papillary muscle associated with the valve.

69-82. (Cancelled)

83. (Currently Amended) A method of treating an in situ mitral valve, the method comprising:

positioning a passive device with respect to a heart such that, throughout the cardiac cycle, a portion of the device contacts and passively alters a geometry of heart structure other than leaflets, chordae, papillary muscles, and an annulus associated with the in situ mitral valve, wherein the passive device draws together leaflets of the in situ valve to promote closure of the in situ valve, and wherein positioning the device includes extending at least a portion of at least one elongate member within a chamber

of the heart and anchoring an end of the at least one elongate member to one of a wall surrounding the heart chamber and a papillary muscle in the chamber.

84. (Previously Presented) The method of claim 68, wherein altering the position of the at least one papillary muscle associated with the valve includes drawing the at least one papillary muscle toward the valve.

85. (New) A method of treating an in situ mitral valve, the method comprising:

positioning a passive device with respect to a heart such that, throughout the cardiac cycle, a portion of the device contacts and passively alters a geometry of heart structure other than leaflets, chordae, papillary muscles, and an annulus associated with the in situ mitral valve, wherein the passive device draws together leaflets of the in situ valve to promote closure of the in situ valve, and wherein positioning the device includes positioning the device so as to alter a position of at least one papillary muscle associated with the valve.

86. (New) The method of claim 85, wherein altering the position of the at least one papillary muscle associated with the valve includes drawing the at least one papillary muscle toward the valve.

87. (New) A method of treating an in situ mitral valve, the method comprising:

positioning a passive device with respect to a heart such that, throughout the cardiac cycle, a portion of the device contacts and passively alters a geometry of heart

structure other than leaflets, chordae, papillary muscles, and an annulus associated with the in situ mitral valve, wherein the passive device draws together leaflets of the in situ valve to promote closure of the in situ valve, and wherein the device includes an elongate member that traverses a chamber of the heart.

88. (New) The method of claim 87, wherein the heart structure includes a wall of a heart chamber.

89. (New) The method of claim 87, wherein altering the geometry of the heart structure includes altering at least one of a transverse radial dimension and vertical dimension of a heart chamber during at least a portion of the cardiac cycle.

90. (New) The method of claim 89, wherein altering at least one of the transverse radial dimension and vertical dimension includes reducing at least one of the transverse radial dimension and vertical dimension.

91. (New) A method of treating an in situ mitral valve, the method comprising:

positioning a passive device with respect to a heart such that, throughout the cardiac cycle, a portion of the device contacts and passively alters a geometry of heart structure, wherein the passive device alters a position of a leaflet of the in situ valve to promote closure of the in situ valve, and wherein positioning the device includes extending at least a portion of at least one elongate member within a chamber of the

heart and anchoring a first end of the at least one elongate member to one of a wall surrounding the heart chamber and a papillary muscle in the chamber.

92. (New) The method of claim 91, wherein a second end of the elongate member contacts the mitral valve, and the first end of the elongate member contacts the wall surrounding the chamber.

93. (New) The method of claim 91, wherein the first end is anchored to the wall surrounding the chamber.

94. (New) The method of claim 91, wherein the elongate member traverses the chamber.

95. (New) A method of treating an in situ mitral valve, the method comprising:

positioning a passive device with respect to a heart such that, throughout the cardiac cycle, a portion of the device contacts and passively alters a geometry of heart structure, wherein the passive device alters a position of a leaflet of the in situ valve to promote closure of the in situ valve, and wherein the device includes an elongate member that traverses a chamber of the heart.

96. (New) The method of claim 95, wherein a first end of the elongate member is anchored to a wall surrounding the chamber.

97. (New) The method of claim 96, wherein a second end of the elongate member contacts the mitral valve.

98. (New) The method of claim 95, wherein the elongate member extends in a plane that is substantially perpendicular to the mitral valve.